

# RCRA INSPECTION REPORT

**TYPE OF FACILITY****TYPE OF INSPECTION**

**NON-REGULATED STATUS**

**PART A**

## **PART B PERMIT APPLICATION**

## ENFORCEMENT

## ORDERS ISSUED

**TSD FACILITY ACTIVITY SUMMARY**EPA Region 5 Records Ctr.

## SUMMARY OF APPARENT VIOLATIONS

**OWNER**

**OPERATOR**

Name <i>LTV STEEL</i>	Name <i>LTV STEEL</i>
Address <i>11600 S. BURLEY</i>	Address <i>11600 S. BURLEY</i>
City <i>CHICAGO</i>	City <i>CHICAGO</i>
State <i>IL</i> Zip <i>60617</i>	State <i>IL</i> Zip <i>60617</i>
Phone # <i>219/391-2840</i>	Phone # <i>219/391-2840</i>

**PERSON(S) INTERVIEWED**

***TITLE*****PHONE #**

MIKE THOMAS	ENVIR. COORDINATOR	219/391-2840

**INSPECTION PARTICIPANT(S)****AGENCY/TITLE****PHONE #**

RICHARD FINLEY	IEPA / EPS 3	708 395-9780

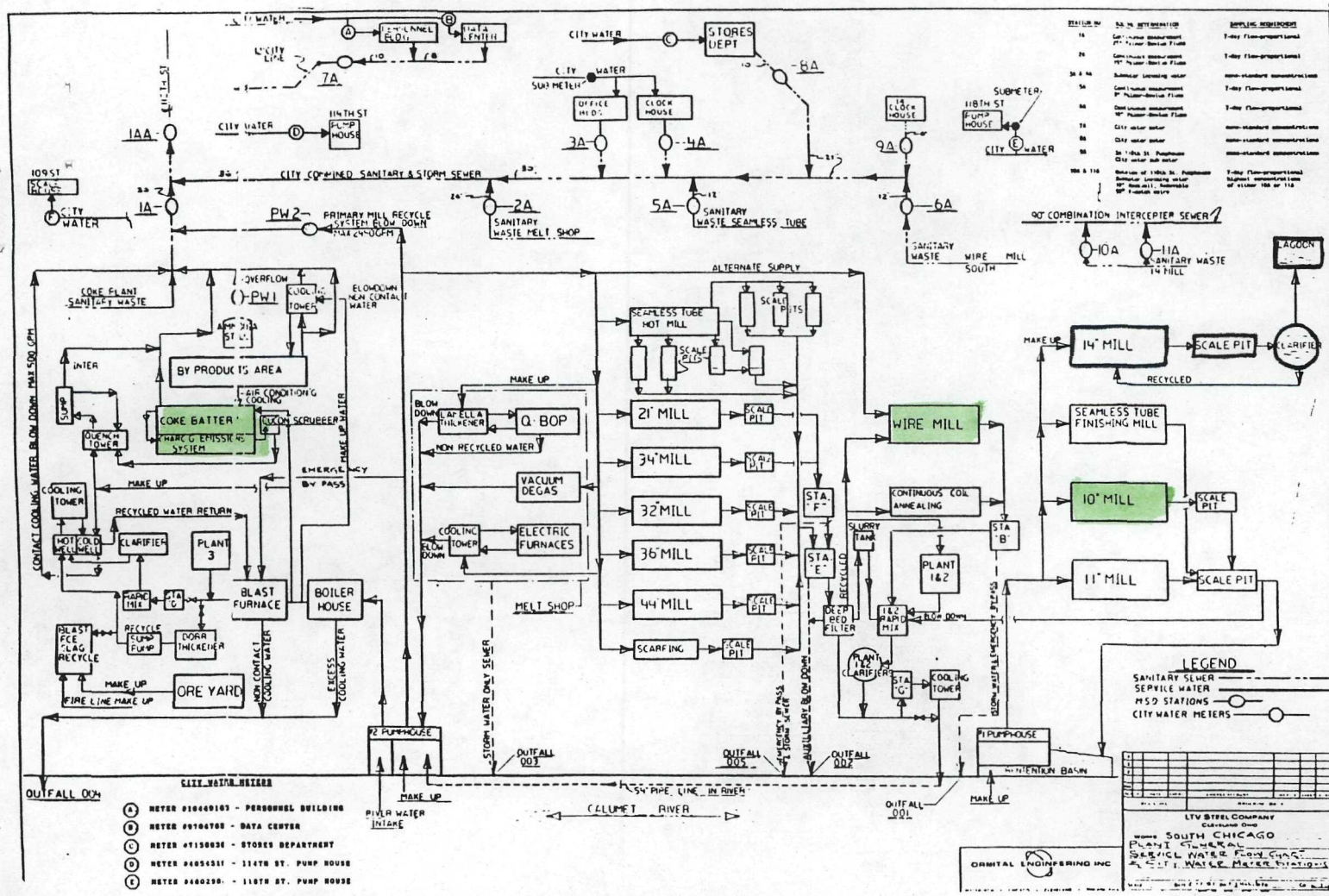
**PREPARED BY**

**AGENCY/TITLE****PHONE #**

RICH FINLEY	IEPA / EPS 3	708 345-9280
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[illegible][illegible][illegible]

- 9 AUG 1969



## NARRATIVE

On April 20, 1989 I met with Mike Thomas (Envir. Coord. - LTV Steel), at the LTV site. The purpose of this visit was to obtain information regarding the Fourteen inch Bar Mill Drying Lagoon. The Fourteen inch Bar Mill Drying Lagoon was brought to my attention by Eileen Helmer (USEPA-RCRA Enforcement Branch). Eileen informed me that a RFA was undertaken by the USEPA to determine the need for corrective action. I told Eileen I was unaware of the RFA. Eileen informed me that the initial RFA summary recommended that no corrective action was needed. Subsequently an aerial photo was received which showed a number of previously unidentified solid waste management units. A second visit and subsequent RFA sampling was conducted. Sampling was conducted at the Fourteen inch Bar Mill Drying Lagoon and two other lagoons, Squaw Creek Area, diked area enclosing tank 42, and drum storage area. Samples were taken from the three lagoons (water, sediment and sludge). The lagoons contained the following constituents:

- \* Liquid Sample - 14 ppm of bis(2-ethyl) phthalate  
7 ppm of tetrachloroethane
- \* Sediment sample - Up to 50 ppm of unidentified hydrocarbons
- \* Sludges - hydrocarbons

Eileen wanted to conduct a joint visit at LTV to determine if the lagoons around the Fourteen inch Bar Mill were regulated as RCRA surface impoundments. I told Eileen I would contact Mike Thomas to schedule an appointment. A date was scheduled for April 20, 1989. I informed Eileen of the date. Eileen told me that she would not be able to attend the April 20, 1989 visit.

### SUMMARY OF INFORMATION GATHERED FROM THE APRIL 20, 1989 VISIT

The Fourteen inch Bar Mill has not operated since approximately 1986. Water from the Calumet River was used for cooling water. The cooling water was used on the reheat furnace, air compressors, oil coolers and hot saws. All of the water was recycled with the blow down of solids and clarified water being pumped to an open drying lagoon. The Fourteen inch Bar Mill recycling system is regulated under NPDES permit #ILO002593.

The waste in the recycling system was never removed. Mike indicated the IEPA/DWPC should have copied of the analytical results.

GB:sa:0226s

cc: Maywood Region

10 APR 1989

# RCRA INSPECTION REPORT

USEPA #: IL D056623548

IEPA #: 0316500002

Facility Name: LTV STEEL

Phone #: 219/391-2840

Street Address: 11400 S. Burlew

County: Clark

City: Chicago

State: IL

Zip: 61112

Region: Mexico

Inspection Date: 021 157 91

From: 9:30 Am To: 11:00 Am

Wearner: 1.54F

**TYPE OF FACILITY**

Notified As: *67-11*

Regulated As: CEA

LDF? ☒ HPV? ☒

**90-Day F/U Required?:**

YES \_\_\_\_\_ NO 3

**TYPE OF INSPECTION**

CEI: \_\_\_\_\_ Sampling: \_\_\_\_\_ Citizen Complaint: \_\_\_\_\_ Closed: \_\_\_\_\_ Other: \_\_\_\_\_

CME/O&M: ✓ Record Review: \_\_\_\_\_ Follow-Up to Inspection of: \_\_\_\_\_ Withdrawal: \_\_\_\_\_

**NON-REGULATED STATUS** *N/A*

SQG: \_\_\_\_\_ Claimed Nonhandler: \_\_\_\_\_ Other (Specify in Narrative): \_\_\_\_\_

**PART A**

Notification Date: 03/18/80, from (initial) or (subsequent) Notification.

Initial Part A Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amended:        /        /

Part A Withdrawal requested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by (US)(IL) EPA: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART B PERMIT APPLICATION**Part B Permit Submitted: Y or N / / Final Permit Issued: / /

## ENFORCEMENT

Has the firm been referred to -- USEPA: Y or N / /

Illinois Attorney General: Y or N    /    /    County State's Attorney: Y or N    /    /   

**ORDERS ISSUED** 11/1

CACO: \_\_\_\_/\_\_\_\_/\_\_\_\_ CAFO: \_\_\_\_/\_\_\_\_/\_\_\_\_ Consent Decree: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal Court Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ State Court Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ IPCB Order: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TSD FACILITY ACTIVITY SUMMARY** 1/1A[illegible]

## SUMMARY OF APPARENT VIOLATIONS

OWNER		OPERATOR	
Name	LTV STEEL	Name	LTV STEEL
Address	11600 S. Buckley	Address	11600 S. Buckley
City	Chicago	City	Chicago
State	IL	State	IL
Zip	60617	Zip	60617
Phone #	212/391-2840	Phone #	212/391-2840

PERSON(S) INTERVIEWED	TITLE	PHONE #
Mike Thomas	Env. Coordinator	219/391-2846
Alan Cross	Area Asset Manager	1

INSPECTION PARTICIPANT(S)	AGENCY/TITLE	PHONE #
GINO BRUNI	IEPA/EP.S	708/531-5900
TINA KOVASZNY	IEPA/LSC	708/531-5900

PREPARED BY	AGENCY/TITLE	PHONE #
GINO BRUNI	EPA/EP5	708/531-5900

[illegible][illegible][illegible]

NARRATIVE

On February 13, 1991, I conducted a CME inspection at LTV Steel. Mike Thomas and Alan Cross (LTV Steel) were interviewed.

LTV Steel produces coke, primarily light oils (benzene, toluene, xylene), ammonium sulfate, and tar. LTV sold the steel manufacturing operation to Republic Steel in November, 1989.

LTV is presently regulated as a generator of hazardous waste. The facility clean closed their waste pile and container storage area. The facility's closure plan for the waste pile was approved on January 21, 1988. The closure certification letter was dated February 10, 1988. The facility also closed their container storage area. The closure certification letter was dated April 20, 1988. The Agency approved the withdrawal of LTV's Part A permit application on April 20, 1988.

LTV Steel is not required to comply with section 725, Subpart F: Groundwater Monitoring. No apparent violations were observed.

*this says  
LTV RCRA regulated  
in 1991  
however, recent  
phone conversation  
w/ EPA  
says 1988*

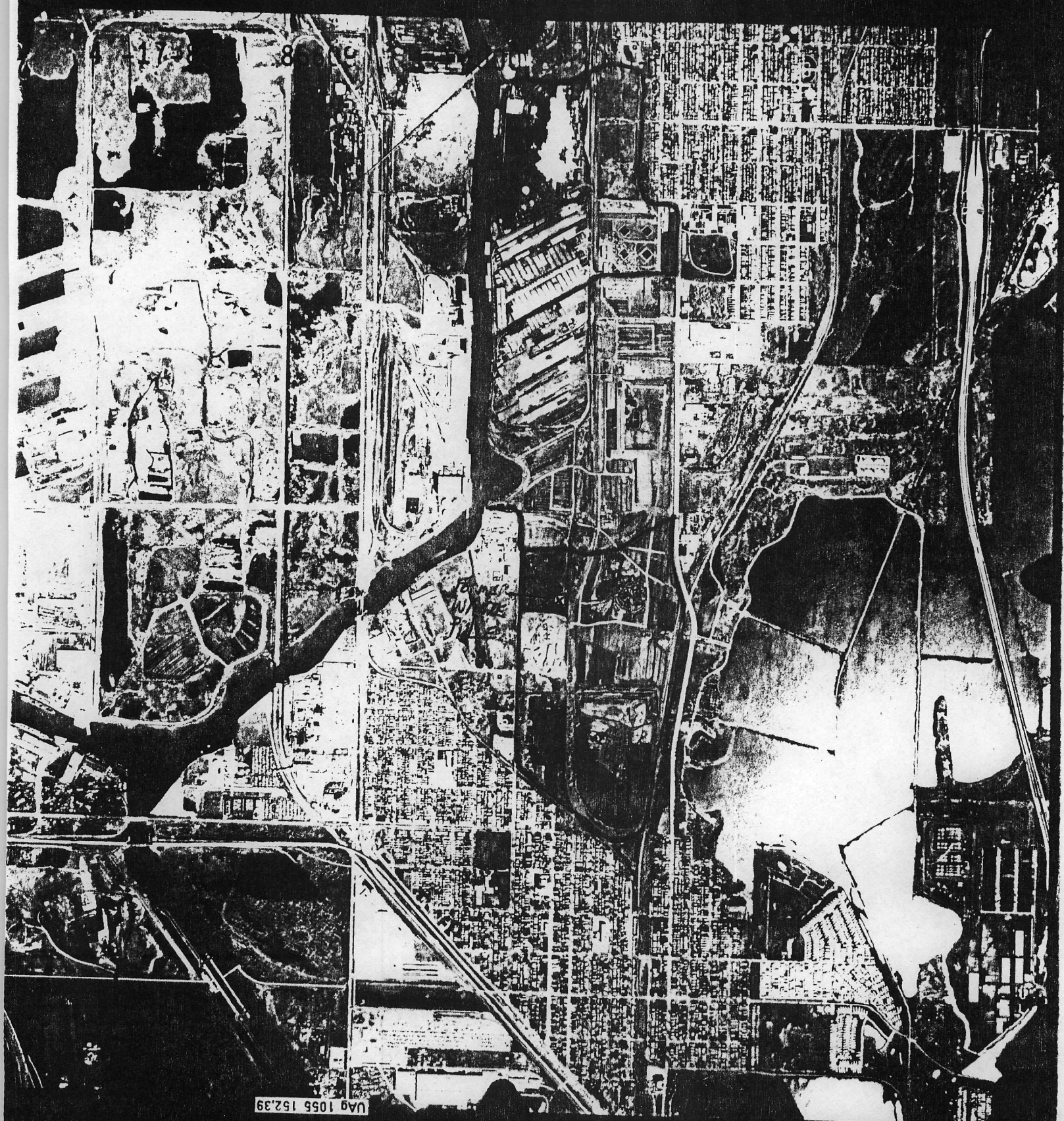
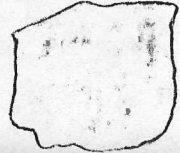
*1991  
LTV - RCRA  
regulated*

REPORT ON THE

LTV  
STEEL

00115171  
LTV STEEL  
0316500002

1  
N



UAG 1055 152.39

Date: 04-2-89

Time: 8:00am - 11:00am

Photograph By:

Circ Brown

City: Chicago

IEPA #: 6316500002

Site Name:

LTV Steel Company

Comments: Drying

Lagoon

Photo # 3 Roll # 89-263

Date: 04-2-89

Time: 8:00am - 11:00am

Photograph By:

Circ Brown

City: Chicago

IEPA #: 6316500002

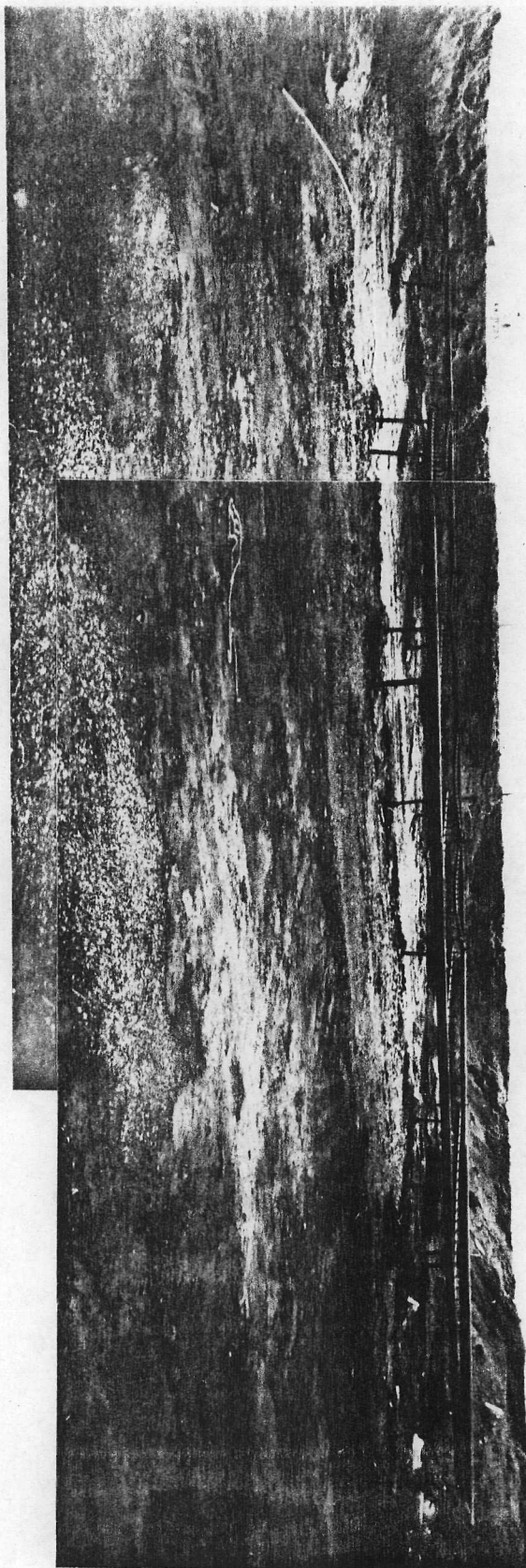
Site Name:

LTV Steel Company

Comments: Drying

Lagoon

Photo # 4 Roll # 89-263



- 9 AUG 1989

8/10/89

te: 04-20-89

Time: 9:30am - 11:00am

Photograph By:

Jim Brown

City: Chicago

IEPA #: 631650002

Site Name:

LTV Steel Company

Comments: Retention

ponds (2) containing

rainwater. The ponds

are not connected with the

Fourteen inch Bar Mill Recycling System

Photo # 1 Roll # 90 257

Date: 04-20-89

Time: 9:30am - 11:00am

Photograph By:

Jim Brown

City: Chicago

IEPA #: 631650002

Site Name:

LTV Steel Company

Comments: Retention ponds

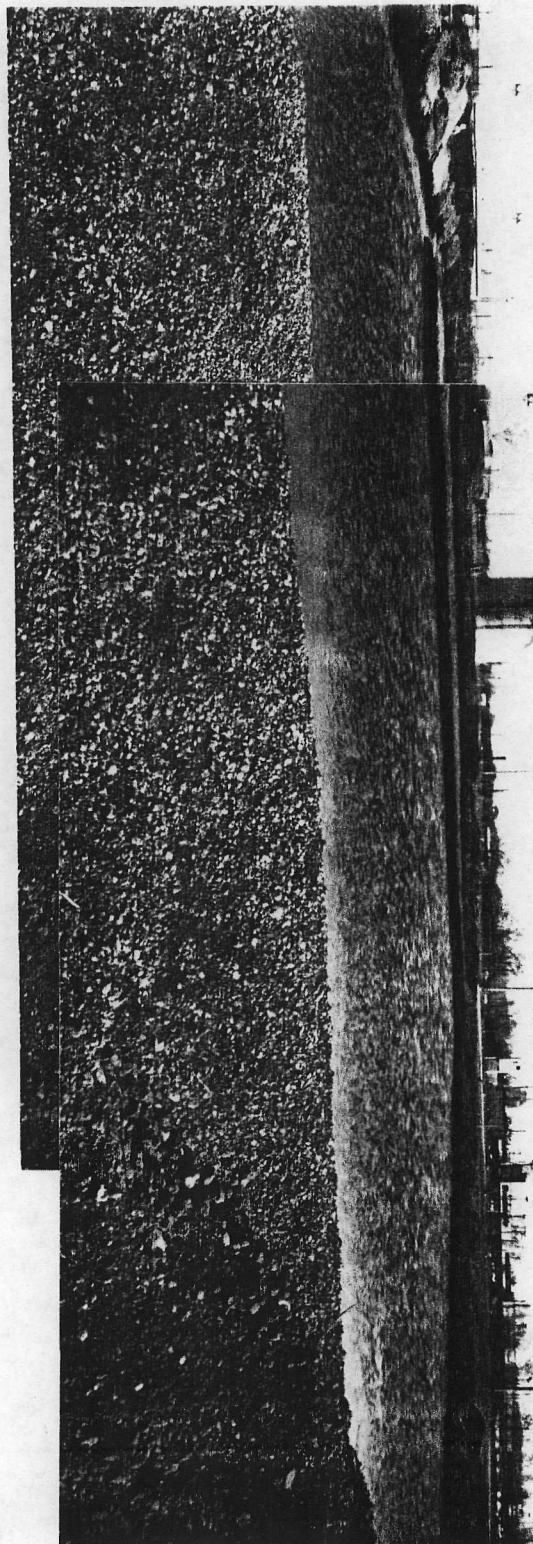
(2) containing rainwater.

The ponds are not connected

to the Fourteen inch Bar Mill

Recycling System

to # 2 Roll # 90 253



Operator: LT V STEEL

Telephone #: 713-453 700

Street: 1141 S. Buckley Ave

City: Chicago

State: IL

Zip Code: 6017

Owner: LTV STEEL

Telephone #: 214-252-5500

Street: 25 W. PROSPER AVE

City: CLEVELAND

State: CA

Zip Code: 44115

Person Interviewed

Title

Telephone 8

Mike Thomas

Emile C. Cook

312-933-7608

## Inspection Participants

Agency/Title

Telephona 8

Chris Brown

LEPA/EP5 III

312-345-7780

Prepared By

Agency/Title

Telephone #

Carla Brown

LEPA / EPS III

33-345-4290

### Summary of Apparent Violations

[illegible][illegible][illegible]

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY  
INSPECTION REPORT

USEPA Number: ILLDO5623514 IEPA Number: 23-10002

Facility Name: LTV Steel Company

Street: 1600 South Parkway Ave.

City: Chicago Telephone: (312) 937-0000

County: Cook State: IL Zip Code:

Type of Facility: Notified as: C/TSD Regulated as: C/TSD

LDF?  HPV?  90 Day Follow-up required? Yes:  No:

Region: 2 Date of Inspection: 04-20-89 From: 9:30am to: 11:00am  
Weather (LDF Only):

Type of Inspection

ISS:  Sampling:  Citizen Complaint:  Closed:  Other: ✓

Record Review:  Follow-up to Inspection of:  Withdrawal:

Non Regulated Status

SQG:  Claimed Nonhandler:  Other (Specify in Narrative):

Notification date, 8-18-80, from (initial) or (subsequent) Notif.

Part A

Initial Part A date: 11-17-81 Ammended: N/A

Part A Withdrawal requested: N/A Approved by (US)(IL)EPA: N/A

Part B Permit Application

Part B Permit called by (US)(IL)EPA on: N/A Permit Due: N/A

Part B Permit Submitted: N/A Draft Permit Issued: N/A

Enforcement

Has the firm been referred to: USEPA? N/A IAG? N/A County SA? N/A

Date(s) of initial referral: N/A

USEPA CACO: N/A CAFO: N/A ALJ Decision: N/A

Referral to DOJ by USEPA: N/A Federal Court Order Issued: N/A

PCB Order Issued: N/A State Court Order Issued: N/A

TSD Facility Activity Summary

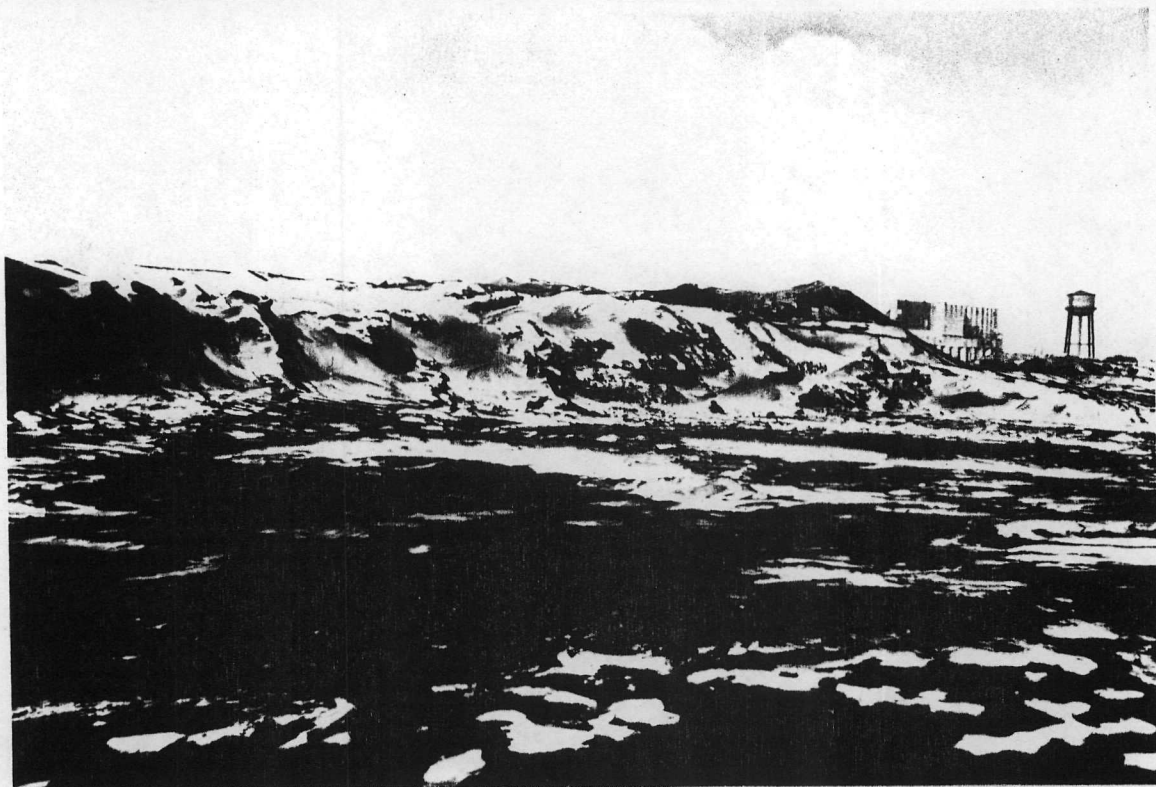
Activity By Process Code	On Pt A?	Activity Conducted Prior to 1980?	Was Activity Ever Done?	Closed	Being Done at Time of Insp?	Exempt per 35 IAC, Sec.	On Annual Report		

9 AUG 1989

Illinois Environmental Protection Agency Photographs

Site Name: LTV Steel Site #: 316500002

Date: 02-15-91 Time: 9:30AM - 11:00AM Photograph By: G. Brunl



Comments: Former location of the waste pile (K061).

Background: Non-hazardous iron rich slag. Roll #: 91-282 Photo #: 1

Comments: \_\_\_\_\_

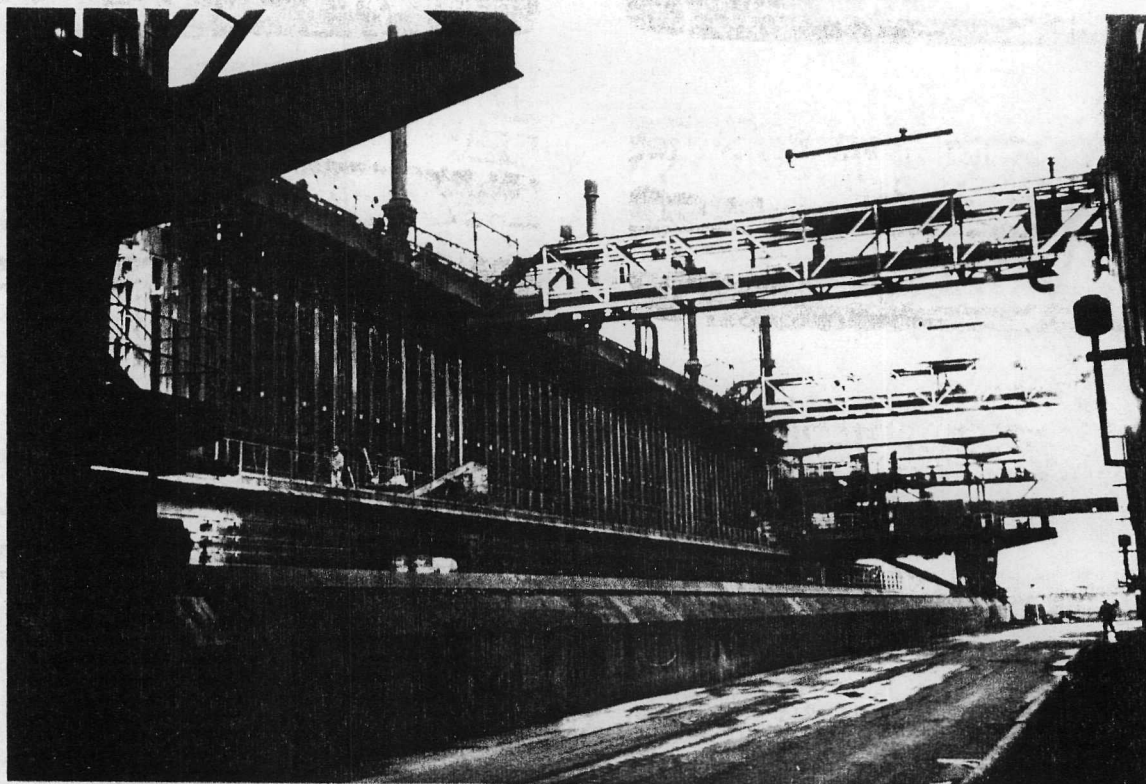
Roll #: \_\_\_\_\_ Photo #: \_\_\_\_\_

IEPA #: 0316500002

\* All "NO" responses must be explained if

Illinois Environmental Protection Agency Photographs

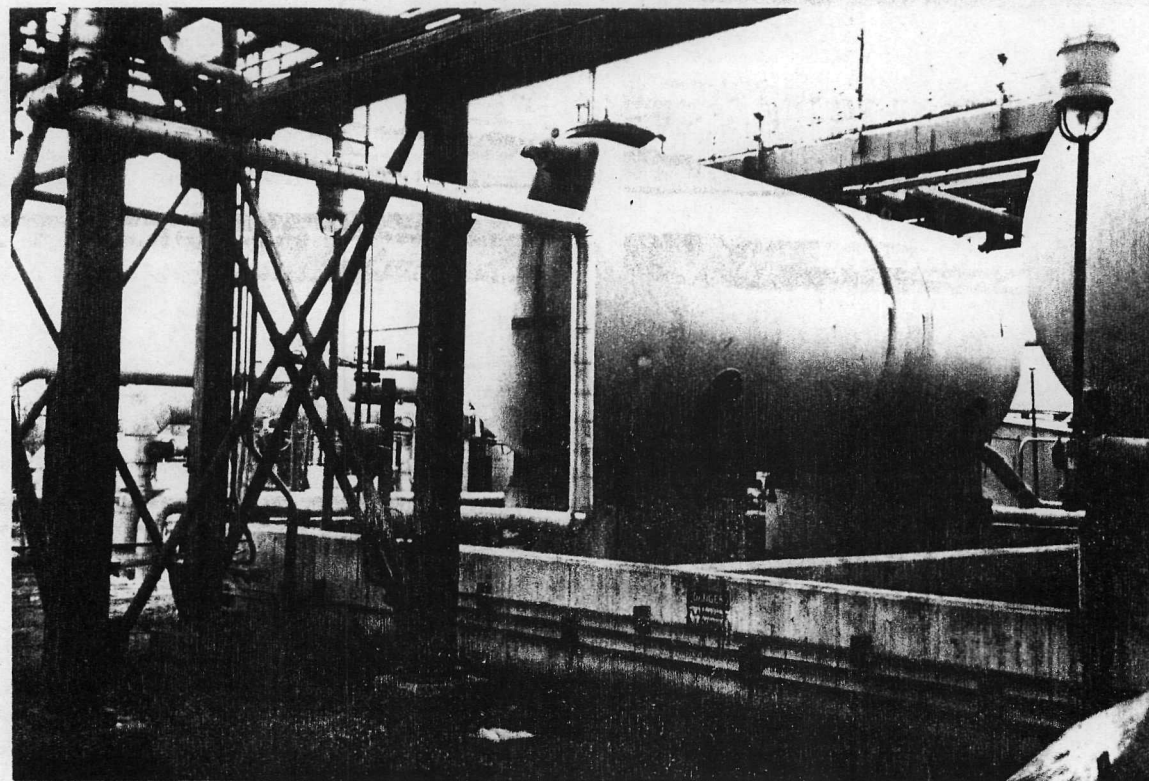
Site Name: LTV STEEL Site #: 0316500002  
 Date: 10-16-90 Time: 10:00 am Photograph By: RF



RECEIVED  
 16 NOV 1990  
 IEPA/DLPC

Comments: COKE BATTERY

Roll #: 91-126 Photo #: 1



Comments: PROCESS TANK FROM WHICH DIRTY WASH OIL  
IS GENERATED.

Roll #: 91-126 Photo #: 1

Illinois Environmental Protection Agency Photographs

Site Name: LTV STEEL Site #: 0316500002  
 Date: 10-16-90 Time: 10:00 am Photograph By: RF



Comments: \_\_\_\_\_

91-126 Photo #: \_\_\_\_\_

RECEIVED  
 16 NOV 1990  
 IEPA/DLPC

Comments: PARTS WASHER FROM WHICH WASTE MATERIAL  
IS GENERATED. Roll #: 91-126 Photo #: 3

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1			<b>PART 722</b> <b>GENERATOR STANDARDS</b> <b>Subpart A: General</b>  <b>Section 722.111: Hazardous Waste Determination</b>  Has the generator determined if the solid waste it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  Did the generator follow the procedures specified in this section in making its determination? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		WASH OIL FROM A BENZENE PROCESS CHARACTERIZED AS D001.
OTH	1			<b>Section 722.112: USEPA Identification Number</b>  a Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  c Has the generator offered his hazardous waste only to transporters or to treatment, storage or disposal facilities that have received a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			

RECEIVED  
16 NOV 1990  
IEPA/DLPC

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
MAN	2			<b>PART 722</b> <b>GENERATOR STANDARDS</b> <b>Subpart B: The Manifest</b>  <b>Section 722.120: General Requirements</b>	<input checked="" type="checkbox"/>			
			a	Has the generator who transports, or who offers its hazardous waste for transportation off-site for treatment, storage or disposal prepared a uniform hazardous waste manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				<b>Note:</b> If the generator has not used a manifest, check "No" in the Apparent Compliance Column and skip to 722.130.				
			b	Did the generator designate on the manifest one facility which is permitted to handle the hazardous waste therein described? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				<b>Note:</b> The generator may also designate an alternate facility permitted to handle the hazardous waste in the event an emergency prevents delivery of the hazardous waste to the primary designated facility.				
			d	In any instances where the transporter was unable to deliver the hazardous waste to the designated or alternate permitted facility, has the generator designated another permitted facility or instructed the transporter to return the waste? Yes <input type="checkbox"/> No <input type="checkbox"/>				<input checked="" type="checkbox"/> NO SUCH INSTANCES

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
MAN	2			<b>Section 722.121: Acquisition of Manifests</b>  a Did the generator use the manifest supplied by the Agency for hazardous waste going for treatment, storage or disposal in Illinois? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  b For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest supplied by the Agency if the State to which the hazardous waste is being shipped does not supply and require the completion of its own State manifest?  or  For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest required by the State to which the hazardous waste is being shipped? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
MAN	2			<b>Section 722.122: Number of Copies</b>  Does the manifest the generator is using consist of at least six copies (plus one copy for each additional transporter)?	<input checked="" type="checkbox"/>			
MAN	2			<b>Section 722.123: Use of the Manifest</b>  For each manifest received, has the generator:  1) Signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  2) Obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>3) Retained one copy as required by Section 722.140(a), Recordkeeping? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) Apparently sent a copy (Part 5 for Illinois manifests) to the Agency within two working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>NOTE:</b> Obtain a copy of any manifest which is not in compliance with the requirements of this subsection. If copies are unobtainable, log manifest #s.</p> <p>b Has the generator apparently given the remaining copies of the manifest to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Has the generator followed the procedures prescribed in Section 722.123(c) for manifesting bulk shipments of hazardous waste by water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d Has the generator followed the procedures prescribed in Section 722.123(d) for manifesting bulk shipments of hazardous waste by rail? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				NO RAIL OR WATER SHIPMENTS

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub	Sec		Yes	No		
OTH	1	X			<b>PART 722</b> <b>GENERATOR STANDARDS</b> <b>Subpart C: Pre-Transport Requirements</b>  <b>Section 722.130: Packaging</b>  Is waste which is ready for transportation off-site packaged in accordance with 49 CFR, Parts 173, 178 and 179?				<b>NO HW PREPARED FOR SHIPMENT AT THE TIME OF INSPECTION</b>
OTH	1	X			<b>Section 722.131: Labeling</b>  Is each package of hazardous waste which is ready for transportation off-site labeled in accordance with 49 CFR Part 172?				
OTH	1	X			<b>Section 722.132: Marking</b>  a Is each package of hazardous waste which is ready for transportation off-site marked in accordance with 49 CFR Part 172? Yes ____ No ____				
					b Is each package of hazardous waste which is ready for transportation off-site marked with:  - The generator's name and address? Yes ____ No ____  - The manifest document number associated with the container? Yes ____ No ____  - The words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found contact the nearest police, or public safety authority or the U.S. Environmental Protection Agency"? Yes ____ No ____				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1			<b>Section 722.133: Placarding</b>  Does the generator have, for the waste it generates, the proper placards to: <ul style="list-style-type: none"> <li>- Placard the transport vehicle, or</li> <li>- Offer to the first transporter, according to 49 CFR, Part 172, Subpart F?</li> </ul> <b>NOTE:</b> If the placards are provided by the transporter, then mark the N/A Column and use Comment field to explain.			✓	<b>PROVIDED BY TRANSPORTER</b>
OTH	1	X		<b>Section 722.134: Accumulation Time</b>  <b>NOTE:</b> If the TSD checklist will be completed and the facility only accumulates wastes for 90 days or less for Section 722.134 complete page GEN-C-2(a) then skip to TSD checklist.	✓			
			a	<b>NOTE:</b> A generator who is also a TSD would be subject to this section for any waste which is not identified for storage on the facility's Part A, or which is being accumulated outside a "permitted" storage area.  For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I: Use and Management of Containers listed below:  <b>NOTE:</b> If no wastes in containers, mark "N/A" and skip to Section 725.291 of the Generator checklist.			✓	

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1	X		Section 722.134: Accumulation Time	<input checked="" type="checkbox"/>			NO WASTE STORED/ ✓ ACCUMULATED IN CONTAINERS OR TANKS
				NOTE: A generator who is also a TSD would be subject to this section for any waste which is not identified for storage on the facility's Part A, or which is being accumulated outside a "permitted" storage area.				
			a1	For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I?				
				and/or				
				For waste in tanks, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart J except Section 725.297(c) and 725.300? Yes _____ No _____				
			a2	For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began? Yes _____ No _____ N/A _____				
			a3	For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"? Yes _____ No _____				
			a4	Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subparts C and D, and Section 725.116? Yes <input checked="" type="checkbox"/> No _____				

Area	Class	90 Day F U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Condition of Containers (Section 725.271)</b></p> <p>Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part? Yes ____ No ____ N/A ____</p> <p><b>Compatibility of Waste with Container (Section 725.272)</b></p> <p>Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired? Yes ____ No ____</p> <p><b>Management of Containers (Section 725.273)</b></p> <p>Are containers of hazardous waste always closed during storage? Yes ____ No ____</p> <p>Are containers of hazardous waste being opened, handled or stored in manner which will prevent the rupture of the container or prevent it from leaking? Yes ____ No ____</p> <p><b>Inspections (Section 725.274)</b></p> <p>Is the owner or operator inspecting areas where the containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors? Yes ____ No ____</p> <p><b>NOTE:</b> Any evidence of leakage may be a reason to answer "No" to the above question, even if there are inspection records that indicate that inspections are being done.</p>			✓	

Area	Class	90 Day F U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Special Requirements for Ignitable or Reactive Wastes (Section 725.276)</b></p> <p>Are containers holding ignitable or reactive waste located at least 50 feet from the property line?  Yes ____ No ____ N/A ____</p> <p><b>Special Requirements for Incompatible Wastes (Section 725.277)</b></p> <p>Is the owner complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?  Yes ____ No ____ N/A ____</p>			✓	
							✓	

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
					<p><b>FOR WASTE IN TANKS</b>, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart J: Tank Systems listed below:</p> <p><b>NOTE:</b> If the facility has discontinued accumulation of waste in tanks, they are subject to 725.211 and 725.214.</p> <p><b>NOTE:</b> If no waste in tanks, mark N/A and skip to "For waste in containers ...", Subsection a)2) page GEN-C-14.</p> <p><b>Assessment of Existing Tank Systems (Section 725.291)</b></p> <p>For tanks not protected by a secondary containment system, is an independent, certified written assessment available? Yes _____ No _____</p> <p><b>NOTE:</b> Except as provided in Subsection (c) of 725.291, certified assessment must be available by 1/12/88.</p> <p>Does this assessment consider at least the following:</p> <ol style="list-style-type: none"> <li>1) available standards for the tank and ancillary equipment;</li> <li>2) hazardous characteristics of the wastes;</li> <li>3) existing corrosion protection measures;</li> <li>4) age of the tank system; and</li> <li>5) results of a leak test, internal inspection, or other tank integrity examination? Yes _____ No _____</li> </ol>				<p>✓ NO WASTE IN TANKS</p>

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
			a2	<p>For waste in containers, has the generator marked and made visisble for inspection on each container, the date upon which accumulation began?  Yes ____ No ____ N/A ____</p>			✓	NO WASTE IN CONTAINERS
			a3	<p>For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"?  Yes ____ No ____</p>			✓	NO WASTE IN TANKS
			a4	<p>Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart C: Preparedness and Prevention listed below:</p> <p><b>Maintenance and Operation of Facility (Section 725.131)</b></p> <p>Is the facility being maintained and operated to minimize the possibility of a fire, explosion or any unplanned and sudden or non-sudden release of hazardous waste or hazardous waste constituents to:</p> <ul style="list-style-type: none"> <li>- Air;</li> <li>- Soil; or</li> <li>- Surface Water,</li> </ul> <p>which would threaten human health or the environment?  Yes <u>✓</u> No ____</p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Required Equipment (Section 725.132)</b></p> <p>Is the facility equipped with the following, unless none of the hazards posed by waste handled at the facility could require a particular kind of equipment:</p> <ul style="list-style-type: none"> <li>- An internal communications or alarm system capable of providing immediate emergency instructions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- A device such as a telephone (immediately available at the scene of operations) capable of summoning emergency assistance from local police or fire departments or State or local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- Portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- Water at adequate volume and pressure to supply water hose streams or foam producing equipment or automatic sprinklers or water spray systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul> <p><b>NOTE:</b> Any "N/A" answers must be explained in the Remarks column.</p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Testing and Maintenance of Equipment (Section 725.133)</b></p> <p>Where required, is the facility testing and maintaining, as necessary, to assure proper operation in time of emergency:</p> <ul style="list-style-type: none"> <li>- Communications/alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- Fire protection equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- Spill control equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> <li>- Decontamination equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul> <p><b>NOTE:</b> Any "N/A" answer must be explained in the Comments.</p> <p><b>Access to Communications or Alarm Systems (Section 725.134)</b></p> <p>Do all personnel involved in handling hazardous waste have immediate access to an internal alarm or emergency communication device, either directly or thru visual or voice contact with another employee, unless not required under Section 735.132? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If there is ever just one employee on the premises while the facility is operating, does he have immediate access to a device, such as a telephone, capable of summoning external emergency assistance, unless such a device is not required under Section 725.132? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Required Aisle Space (Section 725.135)</b></p> <p>Is the owner or operator maintaining sufficient aisle space to allow the unobstructed movement of personnel, fire equipment and decontamination equipment to any area of the facility?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><b>NOTE: Document non-compliance with photograph.</b></p> <p><b>Arrangements with Local Authorities (Section 725.137)</b></p> <p>Has the owner or operator made or attempted to make the following arrangements, as appropriate for the type of waste handled at this facility and the potential need for the services of these organizations:</p> <p>1) Arrangements to familiarize police and fire departments and emergency response teams with the layout of the facility, properties of hazardous wastes handled at the facility and associated hazards, places where personnel would normally be working, entrances to roads inside the facility and possible evacuation routes?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2) Where more than one police or fire department might respond to an emergency, has one been designated as the primary emergency authority with the others agreeing to provide support to the primary emergency authority?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>3) Agreements with <del>State emergency response teams</del>, emergency response contractors and equipment suppliers?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/></p> <p>4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><b>NOTE:</b> Any "N/A" answer must be explained in the Comments.</p> <p>Has the owner or operator documented, in the operating record, refusal of State or local authorities to enter into any or all of the above arrangements?  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart D: Contingency Plan and Emergency Procedures listed below:</p> <p><b>Purpose and Implementation of Contingency Plan (Section 725.151)</b></p> <p>Is a plan available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>NOTE:</b> If answer is "No", skip to Emergency Coordinator (Section 725.155).</p>				NO REFUSALS

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>Is the plan designed to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Have the provisions of the plan been carried out immediately whenever there was a fire, explosion or release of hazardous waste constituents which could threaten human health or the environment?  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p><b>Content of Contingency Plan (Section 725.152)</b></p> <p>Does the plan describe the actions facility personnel must take to comply with Sections 725.151 and 725.156 in response to:</p> <p>1) Fires? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) Explosions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>3) Unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil, or surface water?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the plan describe the arrangements agreed to by:</p> <p>1) Local police and fire departments?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) Hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) Contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) State and local emergency response teams?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				<p>PLAN HAS NOT BEEN IMPLEMENTED</p>

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>Does the plan list the names, addresses and phone numbers (office and home) of all personnel qualified to act as emergency coordinators? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is the list of emergency coordinators up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If more than one person is designated as an emergency coordinator, is a primary coordinator identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the plan identify:</p> <ol style="list-style-type: none"> <li>1) A list and physical description of all emergency equipment at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> <li>2) A brief outline of the capability of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> <li>3) The location of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li> </ol> <p>Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the plan include an evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				


Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>Does the plan identify the signal to be used to begin evacuation?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Are alternate evacuation routes identified?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>Copies of Contingency Plan (Section 725.153)</b></p> <p>Has a copy (and all revisions) of the contingency plan:</p> <p>a) Been maintained at the facility?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b) Been submitted to all local police and fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency service?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>Amendment of Contingency Plan (Section 725.154)</b></p> <p>Has the contingency plan been reviewed and, if necessary, amended whenever:</p> <p>1) Applicable regulations are revised?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) The plan fails in an emergency?  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>3) The facility changes - in its design, construction, operation, maintenance or other circumstances - in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents or changes in the response necessary in an emergency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>4) The list of emergency coordinators changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>5) The list of emergency equipment changes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><b>Emergency Coordinator (Section 725.155)</b></p> <p>Is there an emergency coordinator on-site or on call at all times? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is there an emergency coordinator familiar with all aspects of the contingency plan, all operations and activities at the facility, the location and characteristics of the wastes handled, the location of all records in the facility and the facility layout? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the coordinator have the authority to commit the resources to carry out the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				MIKE THOMAS

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p><b>Emergency Procedures (Section 725.156)</b></p> <p>Has the facility had a <del>release</del> release, fire or explosion?  Yes _____ No <input checked="" type="checkbox"/> _____</p> <p><b>NOTE:</b> If the answer is "Yes", explain in detail the incident and how the facility did or did not follow the procedures prescribed in this section. Review the requirements while completing the explanation. If the company failed to meet one or more of the requirements, check "No" in the Apparent Compliance column of 722.134.</p> <p>a4 Has the generator complied with the requirements of 35 Ill. Adm. Code 725.116: Personnel Training listed below:</p> <p><b>Personnel Training (Section 725.116)</b></p> <p>Does the facility have a training program?  Yes <input checked="" type="checkbox"/> No _____</p> <p><b>NOTE:</b> If "No", skip to Subsection (c)1 page GEN-C-26.</p> <p>Have facility personnel who are involved with hazardous waste management successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this Part?  Yes <input checked="" type="checkbox"/> No _____</p> <p>Is the training program formalized, i.e., written down?  Yes <input checked="" type="checkbox"/> No _____</p> <p>Is the program directed by a person who has been trained in hazardous waste management procedures?  Yes <input checked="" type="checkbox"/> No _____</p>				

Area	Class	90 Day F/U Req	Key I tr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
					Yes	No		
				<p>Does the program cover, at a minimum:</p> <p>1) Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2) Key parameters for automatic waste feed cut-off systems? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>3) Communications or alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) Response to fire or explosion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>5) Response to groundwater contamination incidents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the program cover the implementation of the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Have new employees completed the program within six months of the date of employment or assignment to a position requiring them to manage hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Has the facility conducted an annual review of the initial training? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				<p>NO AUTOMATIC WASTE FEED SYSTEM.</p>

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>Are the following documents and records being maintained at the facility:</p> <p>1) The job title for each position related to the management of hazardous waste and the name(s) of the employee(s) filling each job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2) A written job description for each job position above, to include the requisite skill, education or other qualifications and duties of personnel assigned to each position? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3) A written description of the type and amount of both initial and continuing training that will be given to each person holding a position dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) Records to document that the training or job experience have been given to and completed by personnel dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is the facility maintaining training records of former employees who were involved in hazardous waste management for a period of at least three years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p align="center"><b>SATELLITE ACCUMULATION</b></p> <p>c1 Is the generator who accumulates hazardous waste in containers at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste:</p> <ul style="list-style-type: none"> <li>- Limiting such accumulation to 55 gallons (one quart of acutely hazardous waste listed in 35 Ill. Adm. Code 721.133)? Yes _____ No _____ N/A _____</li> <li>- Complying with the requirements of:               <ol style="list-style-type: none"> <li>1) 35 Ill. Adm. Code 725.271, Condition of Containers? Yes _____ No _____</li> <li>2) 35 Ill. Adm. Code 725.272, Compatibility of Waste with Containers? Yes _____ No _____</li> <li>3) 35 Ill. Adm. Code 725.273(a), Management of Containers - requiring that the containers be stored closed except when waste is being added or removed? Yes _____ No _____</li> </ol> </li> <li>- Marking the containers with the words "Hazardous Waste" or with words that identify the contents of the containers? Yes _____ No _____</li> </ul>				<p><b>NO SATELLITE ACCUMULATION</b></p> 

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	2			<b>PART 722</b> <b>GENERATOR STANDARDS</b> <b>Subpart D: Recordkeeping and Reporting</b>  <b>Section 722.140: Recordkeeping</b>  Has the generator retained for a period of three years:			NO INSTANCES REQUIRING  HW DETERMINATION IS NOT MADE TO INCLUDE DDIB WASTE.	
			a	- A copy of each signed manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	- A copy of each annual report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	- A copy of each exception report? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			c	- Copies of test results, waste analyses or other determinations made in accordance with Section 722.111? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>				
			d	Does a generator who is involved in any unresolved enforcement action continue to maintain the records required in 722.140(a) thru (c)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
d		If the Director has requested that the records required in 722.140(a) thru (c) be maintained for a period longer than three years, has the generator continued to maintain them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>						

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec	Yes		No			
OTH	2				<b>Section 722.141: Annual Reporting</b>  Has the generator who ships waste off-site to a treatment, storage or disposal facility within the United States prepared and submitted a copy of an annual report, as supplied by the Agency, to the Agency by March 1 for the preceeding calendar year?  <b>NOTE: A generator who treats, stores or disposes of hazardous waste on-site must also submit an annual report as a TSD in accordance with the requirements of 35 Ill. Adm. Code 702, 703, 724, 725 and 40 CFR 266.</b>	✓			
MAN	1				<b>Section 722.142: Exception Reporting</b>  a Has the generator who has not received a signed copy of the manifest from the designated TSD within 35 days of the date the waste was accepted by the initial transporter determined the status of its hazardous waste? Yes _____ No _____  b Has the generator who has not received a signed copy of the manifest from the designated TSD within 45 days of the date the waste was accepted by the original transporter submitted an exception report to the Director? Yes _____ No _____  b Does any exception report submitted to the Director contain the following:  - A legible copy of the manifest for which the generator does not have confirmation of delivery; and				✓ NO INSTANCES REQUIRING

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Ltr	Sub Sec		Yes	No		
OTH	1				<p>- A cover letter signed by the generator or his authorized representative explaining the efforts taken to locate the hazardous waste and the results of those efforts? Yes ____ No ____ N/A ____</p>				
					<p><b>Section 722.143: Additional Reporting</b></p> <p>Has the generator submitted all additional reports concerning quantities and disposition of wastes as required by the Director?</p>	✓			

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1/2			<b>PART 722 GENERATOR STANDARDS</b> <b>Subpart E: Exports of Hazardous Waste</b>  <b>Section 722.152: General Requirements</b>  Has the facility made any shipments of hazardous waste outside the United States? Yes _____ No _____  <u>NOTE:</u> If "No", skip Subpart E. If "Yes", answer the next question.  Has the generator complied with the requirements in Sections 722.152 through 722.157? Yes _____ No _____  <u>NOTE:</u> If the answer is "No", explain in detail why the firm did not meet the requirements. Review the requirements prior to answering this question. When citing a violation of this Subpart, identify the specific section violated in the Narrative as well as in the Comments.			✓	NO EXPORT ACTIVITY

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Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	1			<b>PART 722</b> <b>GENERATOR STANDARDS</b> <b>Subpart F: Imports of Hazardous Waste</b>  <b>Section 722.160: Imports of Hazardous Waste</b>			<i>NO IMPORT ACTIVITY</i>	
			b1	Has the person importing hazardous waste met the manifest requirements of Section 722.120 except that:  In place of the generator's name, address and USEPA identification number, the name and address of the foreign generator and the importer's name, address and USEPA identification number are used;  and				
			b2	Has the importer or his agent signed the manifest in place of the generator;  and				
			b2	Has the importer or his agent obtained the signature of the initial transporter? Yes ____ No ____ N/A ____				
			c	Is the person importing hazardous waste using manifests obtained from the Agency? Yes ____ No ____				

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Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	2	X			<p><b>PART 722</b>  <b>GENERATOR STANDARDS</b>  <b>Subpart G: Farmers</b></p> <p><b>Section 722.170: Farmers</b></p> <p>Is a farmer who is disposing of waste pesticides from his own use which are hazardous wastes:</p> <ul style="list-style-type: none"> <li>- Triple rinsing each emptied pesticide container in accordance with 35 Ill. Adm. Code 727.107(b)(3), Residues of Hazardous Waste in Empty Containers?  Yes ___ No ___ N/A ___</li> <li>- Disposing of pesticide residue on his own farm in a manner consistent with the disposal instructions on the pesticide label?  Yes ___ No ___ N/A ___</li> </ul> <p><b>NOTE:</b> If the answer to either of the preceeding questions is "No", the farmer is subject to the requirements of this Part (722) and to the applicable portions of 35 Ill. Adm. Code 702, 703 and 725 (724). Complete the applicable inspection form(s).</p>				NO FARM ACTIVITY

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No	
			Sub Sec		Yes	No			
OTH	1	X		<b>PART 725</b> <b>INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES</b> <b>Subpart I: Use and Management of Container</b>  <b>Section 725.271: Condition of Containers</b>  Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part?			✓	<b>NO WASTE IN CONTAINERS</b> 	
OTH	1	X		<b>Section 725.272: Compatibility of Waste with Containers</b>  Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired?					✓
OTH	1	X		<b>Section 725.273: Management of Containers</b>  a Are containers of hazardous waste always closed during storage? Yes ____ No ____  b Are containers of hazardous waste being opened, handled or stored in manner which will prevent the rupture of the container or prevent it from leaking? Yes ____ No ____					✓
OTH	2			<b>Section 725.274: Inspections</b>  Is the owner or operator inspecting areas where the containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors? Yes ____ No ____			✓		

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec	Yes		No			
OTH	1	X			NOTE: Any evidence of leakage may be a reason to answer "No" to the above question, even if there are inspection records that indicate that inspections are being done. Review the responses in Section 725.115, General Inspection Requirements, the frequency of inspections, the date of the last inspection, etc. to determine if inspections are actually being done.				
					Section 725.276: Special Requirements for Ignitable or Reactive Wastes			✓	
OTH	1	X			Are containers holding ignitable or reactive waste located at least 50 feet from the property line?				NO INCOMPATIBLES MANAGED.
					Section 725.277: Special Requirements for Incompatible Wastes			✓	
					Is the owner complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?				

TSD-I-2

NARRATIVE

RECEIVED  
16 NOV 1990  
IEPA/DLPC

LTV Steel produces Coke, Primary Light Oils (Benzene, Toluene, Xylene), Ammonium Sulfate, and Tar.

**Hazardous wastes generated by LTV Steel are as follows:**

Waste Petroleum Naptha EPA H.W.# D001 from parts washing. Rate of generation is approximately 500 pounds per month. Waste is hauled to Safety-Kleen, Portage, Indiana where it is reclaimed. Shipment frequency is typically every month.

Waste Wash Oil, EPA H.W.# D001, D018 from light oil recovery process. Rate of generation is variable as it may be reclaimed on-site. Waste is hauled to Beaver Oil where it is used in fuel blending.

**RELEVANT NOTES OR OBSERVATIONS**

Active operations at this facility are the Coke Batteries and the Boiler house. The blast furnace has been inoperative since November, 1986.

At the present time LTV is producing Coke; Primary Light Oils (Benzene, Toluene and Xylene) which are sold to a refinery; Ammonium Sulfate, and Tar.

LTV does not produce any steel. That operation was sold to Republic Steel in November, 1989.

RECEIVED  
16 NOV 1990  
IEPA/DLPC

LIST OF VIOLATIONS:

Section #:722.111

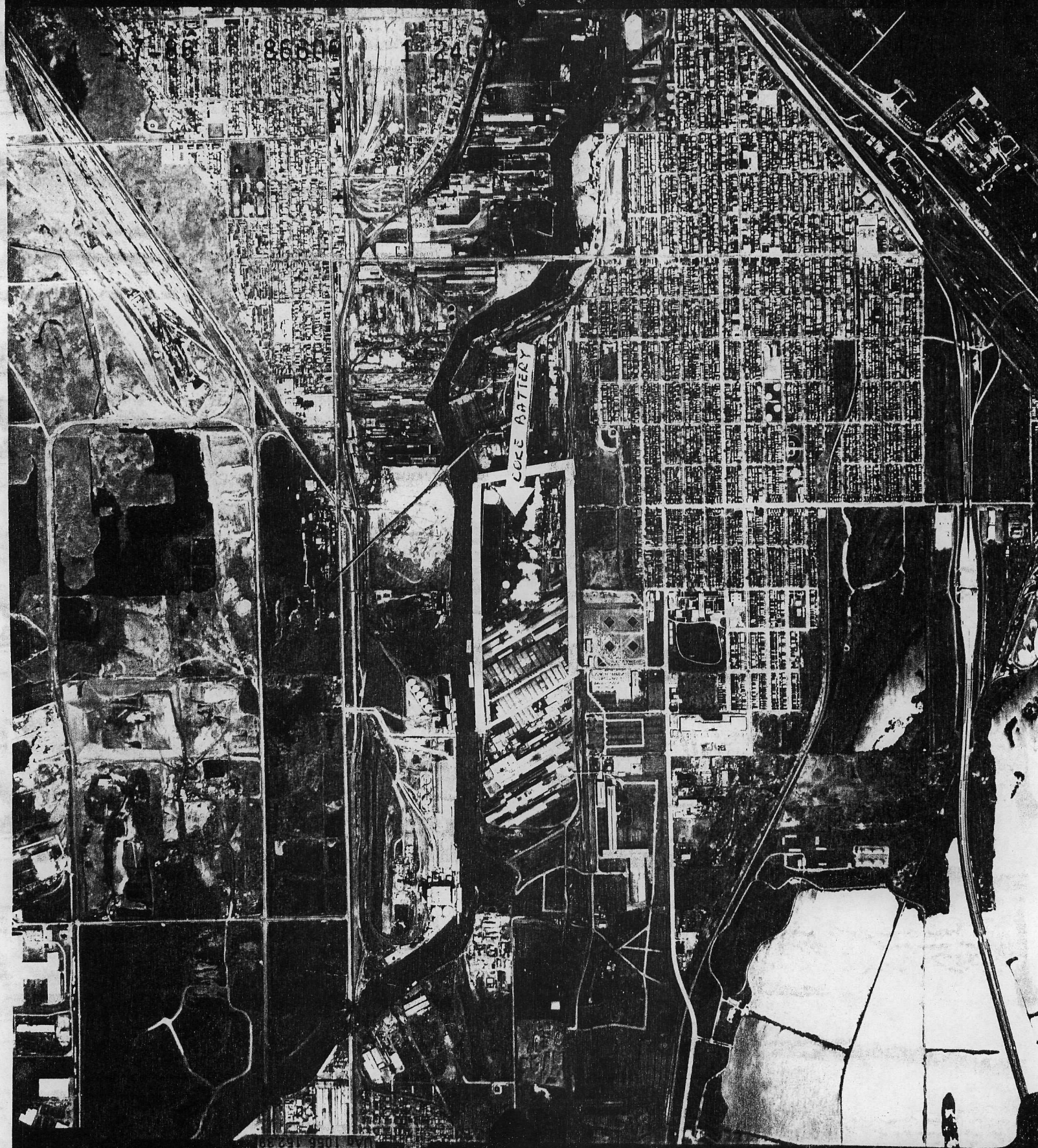
Description: Wash oil from Benzene<sup>PRODUCTION</sup> process should  
characterized as <sup>PRODUCED</sup> F005 (NOT DEC

Section #:722.140(c)

Description: RECORDS OF THE WASTE DETERMI  
TION FOR WASH OIL HAVE NO  
BEEN RETAINED ON-SITE FOR  
A PERIOD OF AT LEAST THREE  
YEARS.

RF:dfa:1816D

TM 11-29-90



ers/inch).

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F I L D 0 5 6 6 2 3 5 9 8 D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

FACILITY LOCATION

II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
*L90 Storage Generator Only.				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X					

III. NAME OF FACILITY

1	SKIP	L T V S T E E L C O M P A N Y C H I C A G O W O R K S
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	T H O M A S , M I C H A E L J . E N R V I R E N G R	3 1 2	9 3 3 4 1 8 5

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	1 1 6 0 0 S O . B U R L E Y A V E N U E	4	C H I C A G O	I L	6 0 6 1 7

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	1 1 6 0 0 S O . B U R L E Y A V E N U E	6	C O O K	7	I L	6 0 6 1 7	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	3	1	7			
(specify) Integrated Steel Plant				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

## VIII. OPERATOR INFORMATION

A. NAME		D. PHONE (area code & no.)	
8 L T V S T E E L C O M P A N Y		2 1 6 6 2 2 5 0 0 0	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		F. CITY OR TOWN	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE		B C L E V E L A N D	
E. STREET OR P.O. BOX		G. STATE	
P O B O X 6 7 7 8		O H	
H. ZIP CODE		IX. INDIAN LAND	
4 4 1 0 1		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N	I	L	9	P		
0 0 0 2 5 9 3							
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U			(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R	I	L	(specify)			
D 0 5 6 6 2 3 5 9 8							

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Integrated Steel Plant including coke battery, blast furnace, basic oxygen furnace, electric furnace, primary mill, wire and seamless tube mill, producing bar, wire and pipe.

Currently the coke battery and the 11" mill hot forming mill are in operation. All other facilities above are idled.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
W.G. Wiley Jr. Vice President Flat Roll Operation	W G Wiley Jr.	7/5/89

## COMMENTS FOR OFFICIAL USE ONLY

C	
15	16



U.S. ENVIRONMENTAL PROTECTION AGENCY  
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER  
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS  
Consolidated Permits Program

Latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
	41	40	52	87	33	04	CALUMET RIVER
	41	40	56	87	33	05	CALUMET RIVER
003	41	41	10	87	33	06	CALUMET RIVER
004	41	41	36	87	33	05	CALUMET RIVER
005	41	41	03	87	33	05	CALUMET RIVER

## II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	c. DESCRIPTION	d. LIST CODES FROM TABLE 2C-1
001	EMERGENCY BY PASS OF TREAT- MENT PLANTS 1 and 2	NA		4A
	GROUNDWATER, STORMWATER	NA		4A
002	ALTERNATE BLOWDOWN	NA		4C
	DISCHARGE AND/OR PROCESS			
	OVERFLOW			
	GROUNDWATER, STORMWATER	NA		
003	GROUNDWATER, STORMWATER	NA		4A
004	NONCONTACT COOLING WATER	35 MGD		4A
	DISCHARGE			
	GROUNDWATER, STORMWATER	NA		4A
005	EMERGENCY BYPASS OF DEEP	NA		4A
	BEDFILTERS AND STORM SEWER	NA		4A

OFFICIAL USE ONLY (effluent guidelines sub-categories)

not tabled

☒ NO (go to Section III)

OPERATION(S)  
CONTRIBUTING FLOW  
(list)

## II. PRODUCTION

4. **Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?**

☐ **NO** (to to Section IV)

**B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?**

☐ **NO** (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

### 1. AVERAGE DAILY PRODUCTION

2. AFFECTED  
OUTFALLS  
(at outfall numbers)

8060

tons/day

Hot Forming Primary - IDLE  
Hot Forming Section  
Hot Forming Pipe & Tube - IDLE  
H<sub>2</sub>SO<sub>4</sub> Pickling  
BOF(Q-BOP) - IDLE  
Vacuum Degassing - IDLE

002  
002  
002  
002  
002  
002

327

tons/day

## 2-H<sub>2</sub>SO<sub>4</sub> Fume Scrubber

002

## V. IMPROVEMENTS

**A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may effect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.**

☐ YES (complete the following table)

☒ NO (go to Item IV-B)

**IDENTIFICATION OF CONDITION,  
AGREEMENT, ETC.**

## 2. AFFECTED OUTFALLS.



b. source of information

### 3. BRIEF DESCRIPTION OF PROJECT

4. FINAL COM-  
PLANCE DATE

455

b. Pres

1. **OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs for other environmental projects which may affect your discharge(s) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ **MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED**

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

ILD056623598

CHARACTERISTICS

proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.  
V-B, and V-C are included on separate sheets numbered V-1 through V-9.

List any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be, outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your

POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
			<p>JUL 14 1989</p> <p>Environmental Protection Agency Division of Water Pollution Control Federal Station/Springfield State of Illinois</p>

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

DATA

do believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a discharge within the last 3 years?

Identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

**VIII CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

**IX CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

W. G. WILEY JR., VICE PRESIDENT - FLATROLL OPERATIONS

B. PHONE NO. (area code & no.)

(216) 622-5000

C. SIGNATURE

WG Wiley Jr.

D. DATE SIGNED

7/5/89

ATTACHMENT E

LTV STEEL COMPANY  
CHICAGO WORKS

WASTEWATER TREATMENT PLANT  
NARRATIVE DESCRIPTION

A total of 121 million gallons per day of process water is treated and the majority is recycled through six treatment systems covering individual plant processes as follows.

- 1) Coke Plant
- 2) Blast Furnace - IDLE
- 3) Q-BOP (Basic Oxygen Furnace) - IDLE
- 4) Hot Mills - IDLE
- 5) Finishing Mills
- 6) 14-Inch Bar Mill - IDLE

Process water is recycled from systems 2), 3), 4), 5) and 6) above. Blowdown of treated water from systems 2), 3), 4) and 5) and treated process discharges from 1) are discharged to the Metropolitan Sanitation District of Greater Chicago. The water from process 6) is totally recycled.

The coke plant system treats approximately 95 gpm via free and fixed ammonia stills for the removal of ammonia-N and cyanide.

The coke oven gas is desulfurized in a wet scrubbing process. The absorbing solution is oxidized in a high pressure reactor and processed in the ammonium sulphate recovery system.

The blast furnace treatment facility treats and recycles process wastewater from two adjustable Venturi gas scrubbers, a gas cooler and a primary separator. Wastewater is treated via a rapid mix tank, chemically coagulated and settled in an 80ft. diameter clarifier. The sludge underflow is dewatered via vacuum filtration prior to on-site storage. The overflow is recycled over a cooling tower to the process equipment. The blowdown for this system currently is about 360 GPM with a maximum of about 500 GPM (260 GPT).

The Q-BOP system is a recycle system employing a 20-ft. diameter bowl desilter, three Lamella Clarifiers, a 24-ft. diameter sludge thickener and vacuum filters for sludge dewatering. Blowdown from this system is mixed with primary recycle water and recycled to various processes listed below.

1 treatment system treats wastewater from the blooming mill, the mills, the bar mills, and the seamless tube mill. Approximately 1,000 GPM of process wastewater is treated via deep bed sand filtration. The sand filtration system consists of 14 units each with 213ft<sup>2</sup> of filtering area. This water is then recycled to the hot mills, the Q-BOP, vacuum degassing operation, electric furnace non-contact cooling, and as an alternate supply for the wire mill and continuous coil annealing. The deep bed filter water is combined with river water at pumphouse #2 and recycled from pumps located there. Blowdown from this system which includes make-up from the finishing mill system is limited to 2450 GPM.

The finishing mill treatment facility treats wastewater blowdown from the 10" rod and 11" bar mills and the seamless tube finishing mill. The pickling discharges from the wire mill and continuous coil annealing are also treated at this facility. Deep bed filter backwash is treated via rapid mix, chemical coagulation and settling through two 90-ft. diameter clarifiers. The clarifiers underflow is dewatered via vacuum filtration prior to on-site storage. The clarified water is mixed with deep bed filter effluent and recycled to the process listed above.

The 14" bar mill treatment system is a separate system with 100% recycle of clarified process water to the hot mill. The sludge underflow is lagooned. Make-up to this system is from the 10" and 11" mill recycle system.

LTV Steel's Chicago facility treats wastewater and recycles treated water in a complex fashion. Please refer to the flow schematic in Attachment B for details on any one of the six mentioned treatment facilities.